

BODY POLITIC **Nigel Hawkes**

A very British coup

Blairite ideology continues to dominate health care in the UK—so where is Brown's vision?

One wouldn't normally seek guidance about British politics from a study of coups d'état. The UK parliamentary system is sound, and the only rumour of a coup in recent memory was a laughable plot by the press baron Cecil King in 1968, when he attempted to recruit Lord Mountbatten in a bid to unseat Harold Wilson's government.

So what have coups to tell us about the present political scene? It has long struck me that the meteoric rise and fall of Tony Blair has more in common with the leader of a coup than of a political party. Of course Blair did not actually deploy the tactics used by leaders of military coups—though he certainly did seize control of the radio and television stations.

His was a political coup, carried off with such panache that it is only now he is gone that we wonder how he did it. And he has gone, completely. While other former prime ministers could hardly drag themselves away from Westminster—Churchill lingered there until 1964—Blair turned on his heel and departed the second he resigned office.

A coup requires no ideology and few actual supporters. It becomes possible, Edward Luttwak says in his study *Coup d'Etat*, when a political system becomes so discredited that it loses legitimacy. (While this was not true of the British government, it arguably was of the Labour party when Blair became its leader.) A coup uses the machinery of the state, and particularly its civil servants, to outflank the political class—in this case rank and file Labour party members.

A coup is characterised by salvationist rhetoric—"24 hours to save the NHS!"—and by manipulating national symbols and asserting a belief in the prevailing pieties. It appeals to old loyalties while promising renewal. "New Labour" encapsulated that process in a single phrase.

I sense that readers may by now be muttering "Yes, but," so let's not push this argument beyond its natural limits. Blair did, after all, win three thumping electoral victories, so his political credentials are beyond argument.

But his legacy is fragile. Robert Harris recently wrote in the *Guardian*, where the wailing and rending of clothes at the state of the government are pitiful to behold, that Blair left behind him within the Labour party "no faction, no coherent ideology, and no potential successors associated with his views." It was, said Harris, "an unprecedented achievement, or lack of one, for a man who was prime minister for a decade."

A few Blairites might argue with this assertion, including Alan Milburn, a former health secretary. But is anybody calling for the return of Blair, or identifying among his disciples a future leader of the party now that it is in electoral trouble? Not with any great conviction.

Many of Blair's reforms, especially those in health, were introduced as back of the envelope bright ideas by a small group of advisers at No 10—further evidence, perhaps, of the coup mentality. The policies introduced in this way never had much real support in the Labour party, and even NHS managers—the means by which they were implemented—were lukewarm.

We now know, from Cherie's indiscreet memoir, that Blair would have resigned two years earlier if he could have been sure that Gordon Brown would follow the same prescription for the public sector. Brown's instincts might have led him in a different direction, but when he did inherit No 10 he was lost for an alternative.

He has become a Blairite reformer largely for the lack of an idea of his own. Ten years of deep thinking at the Treasury by a man we were encouraged to see as an intellectual colossus have



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left him prisoner to the man he always disdained.

Most *BMJ* readers would, I suspect, be delighted if the marketisation of the NHS introduced by Blair were to disappear as suddenly as did its originator. Once a coup has run its course, a counter-coup is always on the cards. The cancellation of some of the second wave of independent sector treatment centres gave a hint of this.

But the private sector is steadily advancing into primary care, and even the resignation last week of the Department of Health's commercial director, Chan Wheeler, just a year into his three year contract, seems unlikely to derail this.

The government's credibility can hardly be rebuilt by abandoning policies in a key electoral battleground such as the NHS. Blair calculated with his usual skill that he was leaving Brown too little time to tinker. After a few months of indecision, Brown himself seems to have recognised this. The message now is that health centres (or polyclinics) pose no threat to primary care as we know it, because they are funded by new money. While a U turn cannot be ruled out, it would absorb a lot of Brown's diminished political capital.

Should Labour lose the next election, the Conservatives would not reverse the changes, either. At the last election, Labour got away with claiming that the Conservatives were planning to privatise the NHS—at the very time that Labour was actually doing so. This charge couldn't be made to stick next time round.

So the Conservatives stand to enjoy the electoral dividend of Labour's unpopularity (polls now show that voters have more confidence in them than in Labour to run the NHS) but are unlikely to change the policy much if they come to office. Blairism may yet earn its legacy.

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